

## INSTRUCTIONS CONTRACT SPECIFIC INFORMATION PART B

- Section 1.** Please list and provide information for the person who will be the contact **for this contract**.
- Section 2.** Please attach copies of any licenses or certifications listed.
- Section 3.** Business partner, director, manager, officer, employee, and board member information. You must complete this section if your business is not a sole proprietorship. All businesses **must** complete this section and supply a list of all employees who meet the qualifications in this section.
- Section 4.** You must complete this information if you are a sole proprietor.
- Section 5.** You must sign and date this information before a DSHS contract can be issued.

### ETHICS CERTIFICATION FOR CURRENT WASHINGTON STATE EMPLOYEES

Please have each current Washington State employee complete and sign this form. These forms must be returned with your completed Contractor Intake form.

### ETHICS CERTIFICATION QUESTIONNAIRE FOR FORMER WASHINGTON STATE EMPLOYEES.

Please have each former Washington State employee complete and sign this form. These forms must be returned with your completed Contractor Intake form.

## CONTRACT SPECIFIC INFORMATION PART B

**This form must be completed for each new contract or if any information changes.  
Part A must also be filled out if you have not contracted with DSHS before.**

<b>1. Contractor Information.</b>	
CONTRACTOR NAME AND DBA (IF ANY) FOR THIS CONTRACT	
CONTACT PERSON FOR THIS CONTRACT	CONTACT PERSON EMAIL ADDRESS FOR THIS CONTRACT
CONTACT PERSON PHONE NUMBER FOR THIS CONTRACT	CONTACT PERSON FAX NUMBER FOR THIS CONTRACT
MAILING ADDRESS FOR THIS CONTRACT	
BILLING ADDRESS FOR THIS CONTRACT (IF DIFFERENT THAN THE MAILING ADDRESS ABOVE)	
FACILITY ADDRESS FOR THIS CONTRACT (IF APPLICABLE)	
<b>2. Please attach copies of the following licenses or certifications:</b>	
<b>3. Business partner, director, manager, officer, employee, and board member information.</b> <i>If you are a sole proprietor skip to question 4.</i>	
If your business is NOT a sole proprietorship, please attach a list of your business' partners, directors, officers, managers, employees, and board members. Please include their names and positions.	
Are any of your business partners, directors, officers, managers, employees, or board members <b>current officers or employees of the State of Washington?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>yes</b> , those persons who are current officers or employees of the State of Washington must complete the attached Ethics Certification for Current Washington State Employees.
Are any of your business partners, directors, officers, managers, employees, or board members <b>former officers or employees of the State of Washington?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>yes</b> , those persons who are former officers or employees of the State of Washington must complete the attached Ethics Certification Questionnaire for Former Washington State Employees.
<b>4. Sole Proprietor Information</b>	
Are you or any of your employees a <b>current officer or employee of the State of Washington?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>yes</b> , you must complete the attached Ethics Certification for Current Washington State Employees.
Are you or any of your employees a <b>former officer or employee of the State of Washington?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>yes</b> , you must complete the attached Ethics Certification Questionnaire for Former Washington State Employees.
<b>5. I certify, under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct, and that I will notify DSHS of any changes in any statement.</b>	
CONTRACTOR SIGNATURE	DATE
PRINTED NAME	TITLE

## Required Attachments Checklist – Part B:

Please take the time to ensure you have enclosed the required attachments (when applicable):

- ☐ **Section 2.** Attach copies of any licenses or certifications listed in this section.
- ☐ **Section 3.** If your business is NOT a sole proprietorship, please attach a list of your business' partners, directors, officers, managers, employees, and board members. Please include their names and positions.
- ☐ **Section 3.** If you or any of your business partners, directors, officers, managers, employees, or board members are officers or employees of the State of Washington, each current state officer or employee must complete and attach a copy of the **Ethics Certification Form for Current Washington State Employees.**
- ☐ **Section 3.** If you or any of your business partners, directors, officers, managers, employees, or board members are former officers or employees of the State of Washington, each former state officer or employee must complete and attach a copy of the **Ethics Certification Questionnaire for Former Washington State Employees.**
- ☐ **Section 4.** If you are a sole proprietor, and you are a current officer or employee of the State of Washington, and your contract was not obtained through an open and competitive bid process OR if your bid was the only one received, attach a copy of your Executive Ethics Board approval. Contact Central Contract Services at (360) 664-6200 or by e-mail at [DSHSCentralContracts@dshs.wa.gov](mailto:DSHSCentralContracts@dshs.wa.gov) for more information.
- ☐ **Section 4.** If you are a sole proprietor, and you are a former officer or employee of the State of Washington, you must complete and attach a copy of the **Ethics Certification Questionnaire for Former Washington State Employees.**

Note regarding honoraria: Current state officers and employees contracting with DSHS for a speech, appearance, article, or similar item or activity in connection with their official role may be exempt from obtaining Executive Ethics Board approval if the payment is not prohibited under RCW 42.52.130(2).

## ETHICS CERTIFICATION FOR CURRENT WASHINGTON STATE EMPLOYEES

CONTRACTOR NAME	SERVICES THE CONTRACTOR WILL PROVIDE
CURRENT STATE OFFICER/EMPLOYER NAME	CURRENT STATE EMPLOYER
TITLE OF YOUR STATE JOB	

*I hereby certify that the following statements are true:*

I am a current employee, member, manager, officer, director, and/or partner of the above-named contractor; and

My role with the above-named contractor is not in conflict with the proper discharge of my official duties as a state officer or employee.

**AND THE FOLLOWING IS ALSO TRUE:**

1. I will not receive any thing of economic value under the contract as defined in RCW 42.52.010 (20);
- OR
2. I have complied with RCW 42.52.030 (2);
- OR
3. I meet all of the following conditions:
  - a. The contract is genuine and I will actually perform work under the contract.
  - b. Performance of the contract is not within the course of my actual duties or under my direct supervision in my capacity as a state officer or employee.
  - c. Performance of the contract will not require me to reveal any confidential information or cause me to violate any state agency rules pertaining to outside employment.
  - d. The contract is neither performed for nor compensated by someone from whom I am prohibited from accepting a gift (those prohibited gift givers include all persons who are regulated by DSHS).
  - e. The contract is not one expressly created or authorized by me in my official capacity as a state officer or employee.
  - f. The contract was obtained as part of an open and competitive bid process and my bid was not the only bid received.

☐ **If the contract was not obtained through an open and competitive bid process OR my bid was the only one received, I have attached a copy of my Executive Ethics Board approval.**

**I certify, under penalty of perjury as provided by the laws of the State of Washington, that the statements made in this Ethics Certification are true and correct, and that I will notify DSHS of any changes in any statement.**

STATE OFFICER/EMPLOYEE SIGNATURE	DATE
PRINTED NAME	TITLE

You can contact Central Contract Services at (360) 664-6200 or  
by e-mail at [DSHSCentralContracts@dshs.wa.gov](mailto:DSHSCentralContracts@dshs.wa.gov) for more information.

## ETHICS CERTIFICATION QUESTIONNAIRE FOR FORMER WASHINGTON STATE EMPLOYEES

CONTRACTOR NAME	SERVICES THE CONTRACTOR WILL PROVIDE
FORMER STATE EMPLOYEE NAME	STATE AGENCY WHERE LAST EMPLOYED
FORMER POSITION TITLE	TERMINATION DATE (MM/DD/YYYY)

  

1. Have you worked for Washington State ("State") within the past two years? ..... ☐ Yes ☐ No  
a. If you answered no skip to question 7
2. Have you worked for the State in the last year? ..... ☐ Yes ☐ No  
a. If you answered no skip to question 6
3. Did you, during the two years immediately preceding termination of state employment, engage in the negotiation or administration on behalf of the State or agency of one or more contracts with your current employer and were you in a position to make discretionary decisions affecting the outcome of such negotiation or the nature of such administration? ..... ☐ Yes ☐ No  
a. If you answered no skip to question 6
4. Did the contract or contracts have a total value of more than ten thousand dollars (\$10,000)? ..... ☐ Yes ☐ No  
a. If no you answered skip to question 6
5. Do your duties or the activities with your current employer include fulfilling or implementing, in whole or in part, the provisions of such a contract or contracts or include the supervision or control of actions taken to fulfill or implement, in whole or in part, the provisions of such a contract or contracts? ..... ☐ Yes ☐ No  
a. If you answered yes or are unsure you must contact Central Contract Services for guidance.
6. Do have a direct or indirect beneficial interest in a contract or grant that was expressly authorized or funded by specific legislative or executive action in which you participated while a State officer or State employee? ..... ☐ Yes ☐ No  
a. If you answered yes or are unsure you must contact Central Contract Services for guidance.
7. Do you know or have reason to believe that the offer of employment or compensation by your current employer was intended, in whole or in part, directly or indirectly, to influence you, or as compensation or reward for your performance or nonperformance of a duty during the course of your State employment? ..... ☐ Yes ☐ No  
a. If you answered yes or are unsure you must contact Central Contract Services for guidance.
8. Would the circumstances lead a reasonable person to believe that the offer of employment or compensation by your employer was given for the purpose of influencing the performance or nonperformance of duties by you during the course of State employment? ..... ☐ Yes ☐ No  
a. If you answered yes or are unsure you must contact Central Contract Services for guidance.
9. Do your duties or activities with your current employer involve assisting another person, whether or not for compensation, in any transaction involving the State in which you participated at any time during your State employment? ..... ☐ Yes ☐ No  
a. If you answered yes or are unsure you must contact Central Contract Services for guidance.

"Employer" means a person as defined in RCW [42.52.010](#) or any other entity or business that the person owns or in which the person has a controlling interest.

**I certify, under penalty of perjury as provided by the laws of the State of Washington, that the statements made in this Ethics Certification are true and correct, and that I will notify DSHS of any changes in any statement.**

FORMER STATE OFFICER/EMPLOYEE SIGNATURE	DATE
PRINTED NAME	TITLE

You can contact Central Contract Services at (360) 664-6200 or by email at [DSHSCentralContracts@dshs.wa.gov](mailto:DSHSCentralContracts@dshs.wa.gov).